MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.
10/56/985
APPLICANT(S)
FILING DATE

AFTER AFTER **AS FILED L'AMENDMENT** 1 AMENDMENT IND. DEP. IND. DEP. IND. DEP. -- -38 - - - 39-. TOTAL IND. TOTAL DEP CLAIMS

PTO-1340 (REV. 1144)

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